

Submit completed form to:
CDE/Child Development Division
Waiver Coordinator
1430 N Street, Suite 6308
Sacramento, CA 95814

**SITE SUPERVISOR OR PROGRAM DIRECTOR
STAFFING QUALIFICATIONS WAIVER REQUEST**

SECTION 1 - APPLICANT INFORMATION			
Name (First, Middle, Last)		New request <input type="checkbox"/> Extension <input type="checkbox"/> (Sections 1, 4, and 6 only.)	
Address		Employer/Contractor	
City, State, Zip		Contact person	Phone ()
Position held: Site Supervisor <input type="checkbox"/> Program Director <input type="checkbox"/>		Program type which you currently work with (Latchkey*)	
SECTION 2 - EDUCATION (SUBMIT TRANSCRIPTS FOR ALL COLLEGE UNITS EARNED.)		SECTION 3 - PERMITS/CREDENTIALS (SUBMIT COPIES OF PERMITS AND/OR CREDENTIALS ACQUIRED.)	
High school graduate or equivalent: Yes <input type="checkbox"/> No <input type="checkbox"/> Highest college degree completed: Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> Total units completed: _____ Field of study: _____		Children's Center Permit currently held: Emergency <input type="checkbox"/> Limited <input type="checkbox"/> Regular <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Expiration: ____/____ (Month/Year) Credential: Teaching <input type="checkbox"/> Administrative Services <input type="checkbox"/> Type: _____ Expiration: _____ Other(Specify): _____	
SECTION 4 - EARLY CHILDHOOD EDUCATION/CHILD DEVELOPMENT			
Identify by title from your transcripts the course that meets each of these requirements to qualify for this waiver.			
Required ECE/CD courses	Course Title	Units	What is the total number of ECE/CD units you've earned to date?
Child growth and development OR Human growth and development			<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Both <input type="checkbox"/>
Child and family OR Child, family, and community			
Child care program OR Curriculum development			
Child care administration/ Supervision OR Staff relations			
SECTION 5 - EDUCATION PLAN			
Describe your educational goal, specify number of units of ECE/CD to be completed, and the projected permit application date.			
ECE/CD units remaining: _____ Permit application date: ____/____ (Month/Year)			
SECTION 6 - CHILD CARE EXPERIENCE			
Identify the number of months and/or days in which you have three or more hours teaching in a child care center or group care program? How many days include the supervision of other staff? Program director applicant only , identify number of days you have served as a site supervisor?		Months	Days
SECTION 7 - COMPELLING NEED			
Site supervisor waiver is limited to either evidence of: an unsuccessful recruitment effort; contractor's salaries are not competitive; or availability of reasonable access to training resources which offer the required course work. A program director waiver request must meet one of these criteria: demonstrate satisfactory educational progress in obtaining the permit; employment location prohibits completion of permit requirements; or a diligent recruitment effort failed to yield a qualified candidate.			
* Waivers will not be issued to an applicant employed with an Extended Day Care (Latchkey) program staff since qualifications are the same as identified by minimum license standards. I certify the information provided accurately reflects my education and work experience.			
Applicant's signature _____ Date _____			